

## Abstracts

A129

lished instruments and included neutrally worded questions in order to minimise ascertainment response bias. **RESULTS:** Among patients with CP and PA 27.3% and 28.1%, respectively, preferred to leave decisions entirely to the doctor, while 72.7% and 71.9%, respectively, wanted to be involved in decision-making. Good knowledge level on psoriasis treatments was shown by 17.0% and 21.4% of CP and PA patients. Among PA patients, overall satisfaction was associated with doctors having asked patients if they had preferences or concerns, if they considered patients' preferences and if they informed patients about treatment options and potential side-effects. At multivariable analysis information on treatment side-effects (OR = 5.11; 95%CI 2.5–15.0;  $p < 0.001$ ) and information on treatment options (OR = 3.15; 95%CI 1.4–7.1;  $p = 0.006$ ) were associated with overall satisfaction, controlling for diagnosis and other potential confounders. **CONCLUSIONS:** The majority of patients with PA and CP wanted to participate in decision-making, however we found substantial knowledge gaps. Satisfaction was associated with doctors providing information and actively involving patients in decision-making.

## PMS34

# CAPTURING DATA ON HEALTH CARE USE AND COSTS FOR PATIENTS WITH OSTEOARTHRITIS: AGREEMENT BETWEEN A PATIENT-COMPLETED QUESTIONNAIRE AND ADMINISTRATIVE RECORDS

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**OBJECTIVES:** Estimating health care costs is an essential step in the economic evaluation of osteoarthritis-related treatments. We investigated the extent of agreement between a questionnaire and administrative records for capturing these costs for patients with osteoarthritis (OA). **METHODS:** Participants with hip and/or knee OA completed a questionnaire about their health care use over three months. We gathered equivalent data from four administrative databases. Using the kappa statistic (K) we assessed the extent of agreement between the methods for dichotomous (yes/no) reporting of health services. We used Bland-Altman comparisons of agreement to assess the reporting methods for systematic biases in the recording of visit quantity and costs. **RESULTS:** We recruited 50 participants, mean  $\pm$  SD age  $70.0 \pm 7.9$  years, 58% female, with primary complaints of knee (62%) or hip OA. Agreement between the two methods was fair for specialist (K = 0.24 to 0.36) and general practitioner (GP) visits (K = 0.38), and moderate to substantial for the majority of medications reported (K = 0.41–0.71). Participants accurately reported number of visits and medications used but were not accurate when reporting out-of-pocket costs for GP services. Cost totals based on the questionnaire were in agreement with database-derived costs when considering societal costs. The cost of the questionnaire-based method was less than one-third of the cost of accessing the administrative databases. **CONCLUSIONS:** A patient-completed questionnaire is feasible, captures data on health care use that are in agreement with administrative databases, and can be used for capturing societal costs for patients with hip and/or knee OA.

## PMS35

# ASSESSING THE EQUIVALENCE OF ELECTRONIC AND PAPER DATA COLLECTION OF EQ-5D DATA IN RHEUMATOID ARTHRITIS

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**OBJECTIVES:** Electronic methods (ePRO, E) are increasingly being used for patient diaries and questionnaires. Where paper (P) instruments are migrated to E it is necessary to compare to the original to determine if the different modalities are equivalent. We have carried out an equivalence study of a number of instruments including the EQ-5D in rheumatoid arthritis. **METHODS:** A total of 43 patients (31 female) aged 32–83 years took part in a single session during which they completed P and E (Palm TX handheld) assessments in randomised order, with a 45 minute interval between the two modes. Assessments included measures of pain, fatigue, disability and health status. **RESULTS:** Mean scores were similar between the two modes. Utility P: 0.612; E: 0.608; Effect size of P-E difference:  $-0.017$ . ICC = 0.79. VAS P: 64.2; E: 64.5; Effect size: 0.013; ICC = 0.75. All patients found both P and E either very easy or quite easy to use. **CONCLUSIONS:** The low magnitude of the effect sizes does not suggest that any significant differences are occurring between modes. ICC values met the a priori threshold of 0.75 for “excellent” agreement, and were in general agreement with paper retest reliability for this scale. This study supports the equivalence of an electronic method of completing the EQ-5D instrument compared to the original paper version.

## PMS36

# INJECTION SITE REACTION QUESTIONNAIRE: AN ADEQUATE TOOL FOR MEASURING INJECTION SITE REACTIONS?

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**OBJECTIVES:** Evaluate the Injection Site Reaction Questionnaire (ISRQ) to measure injection site reactions (ISR) from anti-TNF therapy for Rheumatoid Arthritis (RA). **METHODS:** Patients  $\geq 18$  years who received subcutaneous etanercept or adalimumab from 2007–2009 were identified by their rheumatologist and invited to complete the ISRQ at an academic practice. The ISRQ included an ISR symptom battery (redness, bruising, hot to touch, pain, swelling, itching, stinging and/or burning) and health care

utilization battery (call/visit the doctor, ER, medication use, over the counter treatments). The ISRQ also captured patient demographics, missed work due to ISR, and changes in therapy due to ISR (postponements, schedule changes, discontinuations). A post hoc analysis was conducted to explore ISR severity using items in the severity battery: mild (1–2 symptoms), moderate (3 symptoms), and severe ( $\geq 4$  symptoms). Each severity group was then assessed for differences in ISR health care utilization (physician services and medication use). **RESULTS:** Forty-one patients were recruited. All ISR characteristics in the ISRQ and 50% of items for ISR management elicited a response. There were no responses for missed work due to ISR and 66% of change in therapy items received a response. In the post hoc analysis, one patient in the mild group used physician services compared to 1 (14%) in the moderate group and 0 in the severe group. **CONCLUSIONS:** The ISRQ is the first tool available for capturing patient-reported characteristics and outcomes of ISR. Initial experiences suggest that item completion rates are favorable, and the symptom battery can be applied to estimate ISR severity. Low responses to certain utilization and productivity items suggest that these items may extend the tool's response burden, or be of low perceived relevance. Given the significant cost of anti-TNF therapy, the ISRQ can be useful in analyses aimed at weighing the costs and outcomes of this medication class.

## PMS38

# PREFERENCES AND WILLINGNESS TO PAY FOR OSTEOARTHRITIS TREATMENTS AMONG THE MEDICARE POPULATION

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**OBJECTIVES:** To determine preferences and marginal willingness to pay (MWTP) for osteoarthritis (OA) treatments, including complementary and alternative medicine (CAM) among a sample of Medicare beneficiaries 65+. **METHODS:** A discrete choice conjoint analysis was conducted with 181 participants recruited from 4 senior centers and one internal medicine practice in Memphis, TN. Data were collected via computer survey, and analyzed using Sawtooth Software according to covariates of age, race, gender, income, education, disability status, and OA duration. Utility data and MWTP were derived from multinomial logit analysis. This study was conducted in accordance with ISPOR's Checklist for Good Research Practices in Conjoint Analysis. **RESULTS:** Prescription pain (.35) and over-the-counter medications (.34) had the highest utility and physical therapy (–.72) had the lowest utility among conventional treatments. The most preferred CAM therapy was prayer/spiritual healing with a utility value of .71. The highest utility value for combination therapy was prescription pain medication and acupuncture (.42). The price attribute followed the expected trend as lower prices were associated with higher utility. This sample was willing to pay five dollars more for prayer/spiritual healing and was willing to pay nine dollars less for a combination of physical therapy and chiropractic than the referent (a combination of prescription OA medication and herbal/mineral supplements). **CONCLUSIONS:** This sample has significant preference for CAM in addition to conventional treatments. These data suggest that health care providers should involve patients in treatment decisions to optimize treatment acceptance and compliance. Although the data show that prayer/spiritual healing is a valued therapy, it is not the only treatment preferred. This result may reflect a desire for a more holistic view of health care. As options for CAM alone and in conjunction with conventional medications become increasingly available, the relationship between preferences illustrated by this study and health outcomes is important to examine.

## PMS39

# ACUPUNCTURE OR PHYSICAL THERAPY? LOW-BACK PAIN PATIENTS' CHOICE—A QUALITATIVE STUDY IN A GENERAL HOSPITAL, CHINA

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**OBJECTIVES:** Both physical and acupuncture therapy are clinical choices available for low-back pain (LBP) patients. The study investigates under which condition LBP patients would choose either therapy, or both. **METHODS:** LBP patients, aged 18 years old and above, received semi-structured, face-to-face interviews in the rehabilitation department of a general hospital, in Guangdong Province, China. The patients were asked questions about their disease history, their perception of physical and acupuncture therapy, in terms of efficacy and risks, previous experience of receiving two therapies, medical expense, distance to medical facilities, others' experience and finally, under which condition they would change to acupuncture. In addition, the patients were also encouraged to talk about other factors affecting their preference. **RESULTS:** 13 LBP patients participated in this study. Patients' perception of efficacy and risk of therapies, previous experience, others' recommendation (medical staff and friends), and hospital size are all considered as determinants of LBP patients' clinical choice in the interview. Among them, medical staff played a key role, particularly when patients had limited knowledge of the efficacy of acupuncture therapy. Previous negative experience of the patients or family members also led them to choose physical therapy instead. Although medical expense and distance are regarded as important determinants in patients' choice in literature, in this study it is interesting to say they are not as important as literature suggests. Some patients indicated that they would like to receive acupuncture therapy, if they suffer low back pain longer and current therapeutic effect is not satisfactory. **CONCLUSIONS:** Our results suggest that most LBP patients who visit physical doctors do not have clear understanding of acupuncture therapy. On the other hand, the more recommendations from medical staff or friends, the more possible that LBP patients would prefer acupuncture therapy.